

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	MAIL STOP AMENDMENT		
Takashi Yamamoto et al.	Group Art Unit: 3763		
Application No.: 10/809,497	Examiner: Laura A Bouchelle		
Filed: March 26, 2004) Confirmation No.: 7869		
For: CATHETER WITH PUNCTURE SENSOR)		

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 20, 2006, please amend the above-identified patent application as follows.



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Application No.: 10/809,497	Examiner: LAURA A. BOUCHELLE
Filing Date: March 26, 2004) Confirmation No.: 7869
Title: CATHETER WITH PUNCTURE SENSOR))))

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Enclosed is a reply for the above-identified patent application. П A Petition for Extension of Time is enclosed. Terminal Disclaimer(s) and the \$\infty\$ \$65 \$\infty\$ \$130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed. Also enclosed is/are: Small entity status is hereby claimed. Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\Bigcup \$ 395 \$\Bigcup \$ 790 fee due under 37 C.F.R. \ \ 1.17(e). Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above. _____ on ____ for which \Box Applicant(s) previously submitted continued examination is requested. Applicant(s) requests suspension of action by the Office until at least , which does not exceed three months from the filing of this RCE. in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

(1809/2809) is also enclosed.

Amendment/Reply Transmittal Letter
Application No. 10/809,497
Attorney's Docket No. 1011350-000334
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\boxtimes	No additional c	laim fee is	required.					
	An additional cl	aim fee is l	required, and is	calculated	as shown below:			
			AMENDE	D CLAIMS				
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additiona	l Fee	
Total	Claims	15	20	0	x \$ 50 (1202)	\$		
Indep	endent Claims	3	3	0	x \$ 200 (1201)			
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$			
Total Claim Amendment Fee					\$			
☐ Sn	nall Entity Status cl	aimed - subf	tract 50% of Tota	l Claim Ame	ndment Fee			
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$			
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due.							
	Charge to credit card for the fee due. Form PTO-2038 is attached.							
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.							
			Respectfully	/ submitted	I ,			
			Buchanan I	NGERSOLL	& ROONEY PC			
				0 .	CO ~			

By:

Matthew L. Schneider Registration No. 32814

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

Date December 2016